

# Treating Trauma in Somatic and Medical-Related Conditions by Marilyn Luber

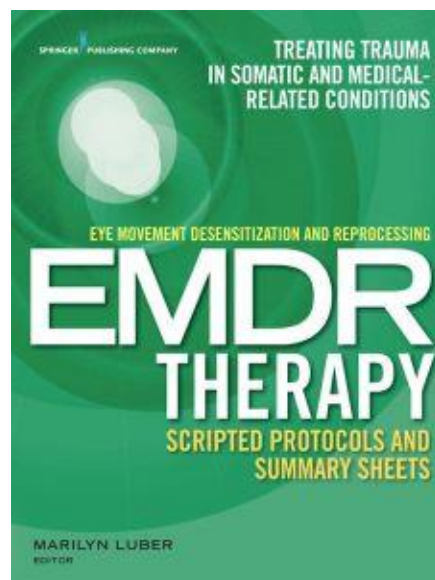
## BOOK STUDY PROGRAM

### Post-test

To complete the book study program and earn CEs, you must complete the online quiz and evaluation. Links are provided with your order. What follows are 72 questions based on the information presented in *Treating Trauma in Somatic and Medical-Related Conditions* by Marilyn Luber.

The 12 EMDRIA credits and 12 NBCC\* CEs will be dated on the day you pass the quiz. You must score 75% or better, but you can take the test multiple times if needed.

*\*NBCC is approved for most Masters-level Mental Health Professional Disciplines*



## Preface

1. How does the ACE study of Felitti and Anda enlarge our understanding for the Adaptive Information Processing (AIP) Model?
  - a. It supports the 3-Prong Protocol
  - b. It focuses on the importance of the future
  - c. It shows that not only trauma but also the adverse experiences of everyday life are critical in understanding medical and somatic issues
  - d. It focuses on desensitization
2. What is important to know about pathogenic memories?

- a. PTSD is not the only memory-based disorder and has linked many other disorders to “dysfunctionally-stored memories.”
  - b. PTSD is the only focus of pathogenic memories and there are no others
  - c. Depression is the only focus of pathogenic memories and there are no others.
  - d. Dissociative disorders are the only source of pathogenic memories and there are no others.
3. When using the EMDR Scripted protocol books what is the most important concept to keep in mind?
  - a. There are many varied protocols for different situations
  - b. There is a standard procedure and 3-prong protocol that inform EMDR therapy
  - c. EMDR is an add-on to other ways of doing treatment
  - d. Different populations need different protocols
4. When using EMDR Scripted protocols, clinicians need all but one of the following:
  - a. Adequate training in EMDR therapy and as a clinician
  - b. Clinical acumen
  - c. No clinical training
  - d. Integrity
5. In Shapiro’s 2018 text, she added on which protocol to her list of 6 protocols?
  - a. Phobia Protocol
  - b. Protocol for Current Anxiety
  - c. Disorder Based Protocol
  - d. Complicated Grief Protocol
6. In Shapiro’s 2018 text, she expanded her recent event protocol section to include which one of the following
  - a. Symptom-based protocol
  - b. G-TEP
  - c. EMD
  - d. EMDR 2.0
7. There is a protocol for EMDR for paraprofessionals. True or False?
8. Shapiro included a whole new section on what issue:
  - a. Depression
  - b. ADD
  - c. Chronic pain
  - d. Trauma
9. Diverse Somatic Conditions in Shapiro’s 2018 text include all but the following when she addresses the most recent research:
  - a. Cancer
  - b. Reflux
  - c. Heart surgery
  - d. Heart attacks
10. When authors wrote their chapters they were asked to think about all but the following:
  - a. EMDR procedures

- b. EMDR-related research
- c. EMDR's AIP model
- d. EMDR Flash Technique

### **Neurobiological Foundations of EMDR Therapy**

11. Pagani's neurobiological model of EMDR therapy suggests all but which one of the following:
  - a. Changes in inter-hemispheric connectivity
  - b. Neural integration and thalamic binding model
  - c. Increase in alpha waves
  - d. Structural and functional brain changes
  
12. According to DSM-5, people with PTSD may present with all but which one of the following symptoms?
  - a. Negative alterations in cognitions and mood
  - b. Irritability
  - c. Swallowing issues
  - d. Trouble falling asleep
  
13. All but the following neuroimaging techniques are being used to identify the brain circuits involved in the pathophysiology of PTSD;
  - a. EEG
  - b. EKG
  - c. MRI
  - d. PET
  
14. All of these are part of the Illness and Somatic Disorders Protocol but the following:
  - a. Run a videotape
  - b. Use a log
  - c. Link the negative cognition with the image
  - d. Work with chronic pain
  
15. What is the purpose of an action plan?
  - a. To focus on the goals of treatment
  - b. To address present issues in the present before focusing on psychological issues of the illness
  - c. To make sure there are enough resources
  - d. To do a future template
  
16. Step 2 of the Illness and Somatic Protocol is the following
  - a. Target intrusive thoughts
  - b. Address past experiences
  - c. Establish resources
  - d. Do a future template
  
17. All of the following are issues to deal with when doing the 3-Prong Protocol except which one?
  - a. Personal or physical constraints
  - b. Social Issues

- c. Old perpetrators
  - d. Medical experiences
18. When using adjunctive imagery with cognitive groundwork, all of the following are used except which one?
- a. Log report
  - b. Homework with self-use procedure
  - c. Identify a suitable positive cognition
  - d. Body scan
19. It is less important to track the individual's symptoms and reported experiences to determine whether a condition is medically explained or unexplained. What really matters is the clients experience as part of the information network. True or False?
20. To develop a treatment plan with the AIP model, what is the most important to keep in mind?
- a. Target a memory network of which the symptom is part
  - b. Use the correct negative cognition
  - c. Focus on the sensations
  - d. Be very active in figuring out the treatment plan
21. Patients may use medications to attempt to treat an untreated or undertreated psychiatric condition. All but one of these are the types of questions to ask to tease out if this is an issue:
- a. Have you bought your medication over-the counter?
  - b. Have you increased your medication on your own?
  - c. Have you received your medication from many providers?
  - d. Have you borrowed or tried another person's medication?
22. When thinking about case conceptualization, all of these should be included except which of the following:
- a. Client's needs and strengths
  - b. Client's treatment goals
  - c. Therapeutic alliance
  - d. Tell client this is brief psychotherapy
23. Focusing on positive sensations in the body scan is part of this protocol when working with Phase 6. True or False
24. According to Zabukovec, there are three basic types of future template. Which one is not a future template?
- a. Fostering a new self-concept
  - b. Future template for anticipatory anxiety
  - c. Flashforward
  - d. Positive skill building and imaginal rehearsal of the desired behavior
25. It is crucial to know if a Cancer patient has PTSD because of all but the following:
- a. The patient may develop a dissociative disorder
  - b. They often accept little treatment and aftercare
  - c. They suffer from more fatigue and ongoing pain

d. It can lower tumor defense

26. What is “Phantom shock”

- a. When patients are short of breath
- b. When patients suffer from unexplainable symptoms when there is no objective proof for them.
- c. When patients are hypervigilant
- d. When patients are surprised by a ghost

27. When thinking about “Present Safety” keep in mind all but the following:

- a. The client will suffocate when remembering a near death experience
- b. Intense experience is not the same as the actual experience
- c. Intense feelings often are part of the experience
- d. Bilateral stimulation assists the material in continuing to move

28. Therapists should target memories of addiction before targeting traumatic memories. True or False

29. The definition of a “memory experience” is the following:

- a. Focus on the worst experience first
- b. Focus on the earliest experience first
- c. Focus on the most recent experience first
- d. Focus on an unrelated experience first

30. It is important to work with these types of future concerns except the following:

- a. Flashforwards
- b. Avoidance and fear of the future
- c. Fear of dying
- d. Avoidance of social life

### **The Reenactment Protocol: Treating Trauma and Trauma-Related Pain**

31. Which type of response to trauma forecasts the most difficult recovery?

- a. Fight
- b. Flight
- c. Freeze
- d. Engage

32. All of these are true about the forces that strengthen and maintain the traumatic memory except which one?

- a. Supports avoiding distress
- b. There is an urge to reenact the memory
- c. Supports avoiding pain
- d. There is an urge to discuss the memory

33. The Zeigarnik effect that finished or solved issues are remembered better than unfinished issues. True or False?

34. The main goal of the Reenactment Protocol is the following:

- a. Patient maintains the locus of control

- b. Patient practices self-meditation
  - c. Patient is encouraged to avoid the trigger
  - d. Patient is encouraged to tighten their muscles
35. The Reenactment Protocol focuses on the following:
- a. The client creates novel and humorous solutions to trauma
  - b. The client focuses on the doom scenarios associated with trauma
  - c. The client addresses future anxieties concerning trauma
  - d. The client is supported to find ways to avoid memories of trauma
36. The Reenactment Protocol is primarily what kind of protocol:
- a. Past target
  - b. Flashforward
  - c. Interweave
  - d. Future template
37. Patients find it easier to adjust to a recurrence of Cancer than the initial diagnosis? True or False?
38. Cancer can generate the following psychological responses except the following:
- a. Vulnerability
  - b. Intrusive thoughts
  - c. Avoidant behaviors
  - d. Interest
39. Psycho-Neoplastic Syndrome includes all but the following:
- a. Patient does not rely on objective data
  - b. Concerned about issues of morality
  - c. Relies on dysfunctional defensive mechanisms such as denial and repression
  - d. High incidence of depression
40. All of these are stages in the Psycho-Oncology treatment stages:
- a. Screening and Diagnosis and treatment planning
  - b. Intervention and Clarification
  - c. Additional therapies and Remission
  - d. Relapse and Death process
41. Therapists should assess all but one of these variables as the client goes through each stage:
- a. Triggers of traumatic experiences, both cancer and pre-cancer related
  - b. Relational factors that could influence the patient's experience
  - c. Resources
  - d. Vulnerability factors to traumatic experiences
42. These can be current triggers for oncology patients except which one?
- a. Feeling undetected pain or sensation
  - b. Watching TV programs about cancer
  - c. Anniversary of the diagnosis of cancer
  - d. Connecting with a friend

## EMDR Therapy with a Head and Neck Cancer Client Group

43. All of these are challenges relating to the survivorship stage for patients with Head and Neck Cancer except the following:
- Living with uncertainty
  - Changes in the way the patient looks at the past
  - Changes to eating
  - Changes in confidence
44. Farrell & Reid state that there are similarities between having Cancer and trauma such as all but the following:
- Changes in resources
  - Threatens an individual's life
  - Changes the quality of life
  - Intrudes into the psychophysical integrity of the individual and others
45. The functioning of a Head and Neck Cancer patient a year after treatment is likely to be better. True or False
46. The differences between Trauma-focused CBT and EMDR are all true but the following:
- EMDR involves detailed description of the event
  - CBT includes direct challenging of beliefs
  - EMDR includes homework
  - CBT includes extended exposure
47. These qualities are attributes of EMDR except for which one?
- Patient feels free from the memory disturbance
  - Develops more adaptive, life-enhancing internal belief systems
  - Reorganizes and reconfigures the trauma memory
  - EMDR focuses on state change
48. If a client does not want to talk about his/her experience, he/she should use the following protocol.
- The Standard EMDR Protocol
  - Flashforward
  - Blind 2 Therapist Protocol
  - Phobia Protocol
49. The key objectives of the EMDR Protocol for PTSD in Patients Affected by MS include all but the following:
- Repressing the "sick body"
  - Processing the traumatic events concerning the patient's dysfunctional self-image
  - Creating a "first-aid kit"
  - Exploring and reinforcing the patient's resources
50. All of this is fundamental education information MS patients need to know during the Preparation phases:
- Educate patients about the process
  - Understand the course of their illness

- c. Learn about cognitive functioning
  - d. Learn about emotional functioning
51. These are all important skills patients learn when using the first-aid kit except which one?
- a. Learns to set up the assessment phase
  - b. Reinforces and potentiates abilities and resources
  - c. Enhances self-esteem
  - d. Creates a barrier of protection against overwhelming emotions
52. This protocol supports learning to identify themselves as sick instead of learning to recognize themselves as people who are able to function and adapt. True or False
53. The logbook is used for all of these reasons except which one?
- a. During the session to notice what was useful
  - b. At home to record pleasant experiences
  - c. At home to learn about the personal qualities you have learned about yourself.
  - d. During the session to focus on the sick body.
54. What is the main variation from the Standard EMDR Protocol when working with the EMDR Drawing Integration Protocol?
- a. The target is represented by a cognition
  - b. The target is represented by an emotion
  - c. The target is represented by a drawing
  - d. The target is represented by the butterfly hug

**EMDR Therapy, Nausea and Vomiting in Pregnancy (NVP) and Hyperemesis Gravidarum (HG) in Pregnant Women**

55. Vomiting in pregnancy is an advantage concerning evolutionary biology. True or False
56. Treatment for NVP and HG is considered to be a comprehensive treatment by Kavakci. True or False
57. These are all targets while dealing with NVP and HG except which one?
- a. Present anxieties concerning current pregnancy
  - b. Other traumatic experiences from other pregnancies
  - c. Past negative experiences or traumatic life events not connected with pregnancy/ies
  - d. Negative images concerning pregnancy
58. Which resource is used when working with NVP and HG?
- a. RDI
  - b. Deep Breathing
  - c. Lightstream
  - d. Hypnosis tape
59. When addressing triggers for NVP and HG, all of these steps of the Assessment Phase are left out except which one because the mother needs to not be overstimulated?
- a. Target
  - b. NC



- c. PC
  - d. Body sensations
60. When working with the Future Template, the main focus is on what issue?
- a. Medical trauma
  - b. Issues with partner
  - c. Focusing on what type of food she wants to eat
  - d. Dealing with medical professionals in her treatment
61. The perinatal phase occurs during which time period?
- a. The first trimester
  - b. The 12<sup>th</sup> week to the 21<sup>st</sup> week
  - c. The 22<sup>nd</sup> week and the first few days after delivery
  - d. The first weeks after delivery
62. What is important about the perinatal phase and the condition that is called “psychic transparency” that occurs at that time?
- a. The pregnant woman’s defenses are down and unresolved issues emerge more clearly and unmasked from her personal history
  - b. The pregnant woman’s defenses are up and it is difficult for her to connect with her personal history
  - c. The pregnant woman’s defenses are down and new issues emerge more clearly and unmasked from her personal history
  - d. The pregnant woman’s defenses are up and unresolved issues emerge from her personal history through somatic presentation
63. Childbirth is characterized by all but one of these features that belong to traumatic life events.
- a. Uncontrollability
  - b. Difficulty bonding with the baby
  - c. Dangerousness of the situation
  - d. Overwhelming
64. All these symptoms can be a hint that there is a depressive risk for the mother except one.
- a. Inadequacy for failing to deal with childbirth as she expected
  - b. Euthymic mood
  - c. Constant state of alert as if the danger were ongoing
  - d. Sleep disorders
65. Use the Emergency Response Procedure (ERP) portion of the EMDR Recent Birth Trauma Protocol for all these reasons but the following:
- a. Inability to speak
  - b. Shock
  - c. When in contact with reality
  - d. Highly agitated
66. There are three types of negative cognitions specific to delivery
- a. New information
  - b. I am powerless

- c. I am a bad mother
  - d. Cognitions from the baby's perspective
67. Klaus Kennell and Klaus (1996) the main indicator of bonding is what?
- a. Mirroring
  - b. Cooing
  - c. Breastfeeding
  - d. Smiling
68. All of these are psychological signs of breastfeeding difficulties but one:
- a. Agitation
  - b. Weeping
  - c. Anger
  - d. Interest
69. These are all benefits of breastfeeding for mothers except which one?
- a. Calmer
  - b. Less intrusive
  - c. Hypervigilant
  - d. More responsive to their infant
70. What are critical knots?
- a. Term for cognitive difficulties
  - b. Term for the psychological difficulties and problems that women feel during breast feeding
  - c. When mother has difficulty with her new infant
  - d. When there is a critical incident that needs to be attended to with the newborn
71. According to the Adaptive Information Processing (AIP) model, all but which one can emerge for mothers during breastfeeding:
- a. Physical sensations from the past
  - b. Emotions that connect to past experiences
  - c. Issues of self-preservation
  - d. Negative cognitions about the self
72. In the Breastfeeding and Bonding EMDR Protocol, all of these are changes in the R-TEP protocol but the following:
- a. The Positive Context
  - b. The Breastfeeding and Bonding Narrative
  - c. The Negative Cognitions often merge mother and baby
  - d. Resource Development and Installation